

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BAA	70385	
O.I.P.E. CLASSIFIER		8	12-20-99
FORMALITY REVIEW	RS	61730	1-10-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/27/01
2	✓	✓	05/05/02
3	✓	✓	11/12/02
4	✓	✓	11/12/02
5	✓	✓	11/12/02
6	✓	✓	11/12/02
7	✓	✓	11/12/02
8	✓	✓	11/12/02
9	✓	✓	11/12/02
10	✓	✓	11/12/02
11	✓	✓	11/12/02
12	✓	✓	11/12/02
13	✓	✓	11/12/02
14	✓	✓	11/12/02
15	✓	✓	11/12/02
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47	✓	✓	11/12/02
48	✓	✓	11/12/02
49	✓	✓	11/12/02
50	✓	✓	11/12/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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